

L12000100351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

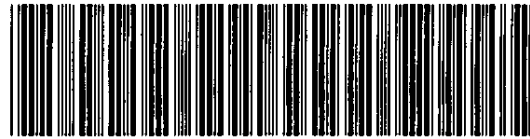
LM
8/3 @ 10:28

Office Use Only

B. KOHR

AUG - 3 2012

EXAMINER



300237957083

08/02/12--01007--027 **130.00

EFFECTIVE DATE 8/1/2012

12 AUG - 2 PM 5:13
DIVISION OF REVENUE
TREASURY DEPARTMENT
STATE OF OHIO

N. O'Keefe AUG 3 - 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Horse Carriage Transport, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

EFFECTIVE DATE 8/1/2012

Please return all correspondence concerning this matter to the following:

Brooke Thomas
Name of Person

Horse Carriage Transport, LLC
Firm/Company

300 SW Edward Terrace
Address

Lake City, FL 32024
City/State and Zip Code

horsecarriagetransport@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Thomas at (386) 623-5039
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED BY STATE
DIVISION OF CORPORATIONS
12 AUG 2 4 51 PM '12

EFFECTIVE DATE 8/1/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Horse Carriage Transport, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

RECEIVED STATE
UNIVERSITY OF
12 AUG -2 PM 5:13
CORPORATION

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Horse Carriage Transport, LLC
10160 SE 42nd Ct
Belleview, FL 34420

Horse Carriage Transport, LLC
300 SW Edward Terrace
Lake City, FL 32024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

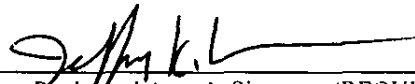
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jeffrey Keene Kessler
Name

10160 SE 42nd Ct
Florida street address (P.O. Box **NOT** acceptable)
Belleview, FL 34420
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties; and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jeffrey Keene Kessler

10160 SE 42nd Ct

Belleview, FL 34420

MGR

Brooke Thomas

300 SW Edward Terrace

Lake City, FL 32024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 1, 2012. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Brooke Thomas

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)